

Marmottes / Marmots Sassièrè

Date: 21/05/2019 Time: 17h15 N° fiche / sheet: 101 Opérateur / Handling: SP N° individu: 1828 capture id: 10942

Si marmotton: date émergence: ___/___/20___ nbr:

Si implant: # _____

Territoire: <u>Fac t2em</u> Territory	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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Measures	
Masse corporelle / Body mass (g)	<u>3000g</u>
L. mandibule / Jaw (mm)	<u>69</u> <u>66,8</u>
L. Patte ant. / Forefoot (mm)	<u>60,4</u> <u>60,9</u>
L. Cubitus / Ulna (mm)	<u>82,3</u> <u>80</u>
L. Patte post. / Hindfoot (mm)	<u>83,8</u> <u>84,2</u>
L. TC / Body length (cm)	<u>47,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>63,5</u> <u>63,4</u>
Larg. Bassin / Basin width (mm)	<u>55</u> <u>55</u>
Dist. Ano. Génitale (cm) (marmotton/pup only)	<u>102,2</u> <u>98,2</u>
Tibia (cm)	

Marking	Transpondeur n° <u>3009279</u>	Paint <u> Bleu</u>
	Metal n° <u>313</u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>
	Plastic n° _____	Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input checked="" type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Statut Repro	Male <input checked="" type="checkbox"/>	Scrotal yes <input checked="" type="checkbox"/> <u>petit</u> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Female <input type="checkbox"/>	Allaitante Lactating yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
	Gestante Pregnant yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	

Nombre Echantillons / Number of Samples	
Feces parasito <input checked="" type="checkbox"/>	TV / Green tube <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	TR / Red tube <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV extract <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extract <input checked="" type="checkbox"/>

Comments:

Action Implantation id: Position: Implant id: Type implant: